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PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0651-0035
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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/475,945
Filing Date	(NOT Available)
First Named Inventor	Potega, Patrick H.
Group Art Unit	(NOT Available)
Examiner Name	(NOT Available)
Attorney Docket Number	1092-106.U.S

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client, Mr. Patrick H. Potega, has outstanding charges, the major portion of which is over fifteen months past due.
Client has informed me that there is no expectation of payment in the foreseeable future.

Client apparently wishes to conduct the prosecution of his pending cases himself, since he has informed at least one USPTO Examiner that I no longer represent him. Moreover, the primary Patent Attorney, Mr. Colin P. Abrahams, with whom I am associated in handling Client's new and pending patent applications, is also filing a Request For Withdrawal as Attorney or Agent.

I have made several phone calls to work out an amicable arrangement to continue our business relationship, without success.

1. The correspondence address is NOT affected by this withdrawal.
2. Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number	<input type="text"/>	→	Place Customer Number Bar Code Label here
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Don A. Hollingsworth				
Address	22339 Circle J Ranch Rd				
Address					
City	Santa Clarita	State	CA	ZIP	91350
Country	US				
Telephone	661 253-3747	Fax	661 253-3787		

This request is enclosed in triplicate.

Name	Don A. Hollingsworth	(Reg # 25,631)
Signature		
Date	June 9, 2001	

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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